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ABSTRACT

This paper discusses the results of a study that investigated the effectiveness of a mental health intervention program implemented within the school environment. The "Self-Management Intervention Program for School-Age Children with Chronic Health Conditions and Their Parents" focused on the promotion of self-regulatory and stress management skills to enhance coping with a chronic health condition. The program was carried out immediately after school hours and involved three components: (1) 12 child group sessions; (2) three parent group sessions; and (3) 1-2 home visits. The study sample consisted of 65 children (ages 7-14) with a chronic health condition of six months or longer duration and identified by the school nurse as having difficulty coping with the stresses associated with the health condition. Interviews with the children and parents consistently confirmed that the convenient location of the program and lack of stigma associated with the school program setting contributed to the success in recruitment and the nearly 100 percent attendance rate. Children were more responsive to teachers' and counselors' encouragement to enroll in the program because its setting was school based. (CR)

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Introduction

The school system has been underutilized as an avenue to obtain the objectives of the Healthy Children 2000 document which contains national objectives and strategies for significantly improving the health of children (Public Health Service, 1991). In particular, the provision of mental health services within the context of the school environment enhances the accessibility and normalization of mental health services to populations of children and their families (Mash & Barkley, 1989; Meeker, DeAngelis, Berman, Freedman & Oda, 1986; Office of Disease Prevention and Health Promotion, 1993). The concept of health would be inclusive of psychosocial and emotional needs without stigmatization.

The purpose of this study was to develop, test, and evaluate a mental health intervention program implemented within the school environment. The particular program entitled "Self-Management Intervention Program for School-Age Children with Chronic Health Conditions and Their Parents" focused on the promotion of self-regulatory and stress management skills to enhance coping with a chronic health condition. The program was carried out immediately after school hours and involved 3 components: (a) twelve child group sessions; (b) three parent group sessions; and (c) 1-2 home visits.

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Method

A pre- and post-test design was used to examine child, family, and system outcomes. Program outcomes were collected at various time points to represent short term and long term effects. The target group included children 7 to 14 years of age with a chronic health condition of six months or longer duration and identified by the school nurse as having difficulty coping with the stresses associated with the health condition. A total of sixty-five children participated in the program, representing 17 different schools in two school districts.

Six program implementation and evaluation issues with associated resolutions will be discussed.

Implementation and Evaluation Issues

The first issue relates to the non-categorical approach to programs that are disseminated in the community such as the school system. Typically, within the health care system, programs are organized around diagnostic groupings related to physical and mental health disorders. However, when implementing programs within the community, it is often not feasible to use categorical groupings due to the few children found in any one category. From a theoretical perspective, "generic functional skills" such as stress management and coping are relevant for many disorders; thus, it may be more important to organize programs around functional issues rather than the disorder. Stigmatization is also minimized when programs emphasize life skills. In this self-management program, children had a variety of chronic physical health conditions associated with mental health symptoms. The program's intervention focused on the self-regulatory skills of self-observation, self-monitoring, self-instruction, self-reinforcement, and self-evaluation. The intervention also addressed emotion-focused and problem-focused stress management skills. When using a non-categorical approach, several program design and evaluation challenges need to be considered. Variability within treatment groups, applicability to one's specific condition, and generalizability to the family home environment pose several challenges. Specific program components were incorporated in this study to address these challenges. For example, a family home visit was made to each family to develop individualized goals associated with the school based program goals. During each group session, attention was paid to individualized goals.

The second issue relates to accessibility and normalization. The program was implemented within a school building located within the child's neighborhood and was supplemented by 1-2 home visits. Interviews with the children and parents consistently confirmed that the convenient location of the program and lack of stigma associated with the school program setting contributed to success in recruitment and the nearly 100% attendance rate.

success in recruitment and the nearly 100% attendance rate. Children were more responsive to teachers' and counselors' encouragement to enroll in the program because its setting was school based, accessible, and did not have the stigma often associated with a "mental health center."

The third issue focuses on program integrity for both process and content. Program integrity is particularly important because multiple groups were conducted in different school sites. Assuring program integrity is a challenge when the intervention program is carried out in a school community based environment. A curricular manual was developed with several measures of integrity obtained for group process variables (cohesion, cooperation, support, etc.), educational process components (instruction, demonstration, application to home environment, reinforcement, etc.), and program content (specific self-regulatory and stress management knowledge and skills). By measuring program integrity, the variability in the program process and content was monitored and analyzed by various statistical analyses. The relationship between program outcome results and program integrity could then be determined.

The fourth issue involves the conceptualization of program outcomes. The selection of program outcomes should capture the comprehensive nature and inter-relationship among the complexity of effects relevant to the child, family, and system. Program outcomes were categorized as: (a) child focused (behavioral-emotional problems, self system, health behaviors, and symptoms of stress); (b) family focused (relational and functional); and (c) system focused (school attendance, number of health visits to school nurse and/or primary care physician). Program outcomes were conceptualized as primary and secondary in that secondary outcomes would occur if positive change had occurred in the primary outcomes. For example, a positive change on a child's self-regulatory knowledge and skills coupled with fewer symptoms of stress could be associated with the secondary effects of fewer visits to the school nurse. Both short-term and long-term effects were examined for patterns across time and for the sequencing of primary versus secondary outcomes.

The fifth issue relates to the generalization and transfer of program effects to daily living at home and in school. Two inter-related questions were asked. Did children demonstrate new knowledge and skills within the program sessions? If so, to what extent did the children apply their newly obtained knowledge and skills to daily living at home and school? In other words, was the child able to transfer learning from the program sessions to other settings? These evaluation questions were answered by obtaining data from parents, teachers, and school nurses. The schools who participated in the study varied in the type of community based environments offered to children including mental health education and clinical services. Thus, the availability of school resources designated to support the study's

intervention program influenced the extent that the intervention generalized to the school environment. Parents indicated that periodic booster sessions after completion of the intervention would have been helpful in order to support and sustain the newly learned behavioral patterns over time.

The last issue relates to individual differences, differential program effects, and program matching. Designing programs both for populations and for subgroups within populations may be a way to resolve the delicate balance issue of recognizing individual variations within populations and thus matching variations within program to variations within populations. The variations in the schools' emphasis on mental health resources and services reflected to some extent the community's attitudinal and financial support of these services. The design and efficacy of school based intervention programs need to take into consideration the broader context of the community.

As indicated in the federal document, School Health: Findings from Evaluated Programs (1993), school health programs and evaluations varied considerable across the nation. While ideally school health programs need to address the full range of health promotion services, including mental health, the majority of school health programs are not comprehensive. Program design and evaluation need to be considered carefully in order to generate a data base that offers insight into how school programs may assist families and communities in meeting the many needs of school-aged children.

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